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FACSIMILE TRANSMISSION COVER SHEET

DATE: February 15, 2006

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FROM: Randall K. McCarthy, Registration No. 39,297

TO: Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

ADDRESSEE/ORGANIZATION	FAX NO.	TELEPHONE NO.
Art Group 2185	571/273-8300	571/272-2600

RE: Application No. 10/602,254
In re application of: Travis D. Fox, et al.
Assignee: SEAGATE TECHNOLOGY LLC
Dkt. No.: STL11083

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348074.1

Transmission by Facsimile on February 15, 2006

PATENT
Dkt. STL11083

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Travis D. Fox, Edwin S. Olds, Mark A. Gaertner and Abbas Ali**
Assignee: **SEAGATE TECHNOLOGY LLC**
Application No.: **10/602,254** Group No.: **2185**
Filed: **June 23, 2003** Examiner: **Hong Chong Kim**
For: **TRANSFERRING SPECULATIVE DATA IN LIEU OF REQUESTED DATA IN A DATA
TRANSFER OPERATION**

**RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP**

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AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. § 1.116) for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Date: February 15, 2006


Signature

Diana C. Anderson

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN SMALL ENTITY	
CLAIMS		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
REMAINING AFTER AMENDMENT					
TOTAL	21 MINUS	21	= 0 x	\$ 50.00	= \$ 0.00
INDEP	3 MINUS	3	= 0 x	\$ 200.00	= \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+	\$ 0.00	= \$ 0.00
				TOTAL	\$ 0.00
				ADDIT. FEE	

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 06-0540.
If any additional fee for claims is required, charge Account No. 06-0540.

Date: 2/15/06

Respectfully submitted,



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